

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	METHOD AND SYSTEM FOR DECOMPOSITION OF MULTIPLE CHANNEL SIGNALS
Attorney Docket Number::	CHERNOGUZ1A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	8
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity

Given Name:: Naum
Middle Name::
Family Name:: CHERNOGUZ
Name Suffix::
City of Residence:: Nahariya
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: Haganah Street 2
City of Mailing Address:: Nahariya
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 22300
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity

Given Name:: Yevgeni
Middle Name::
Family Name:: SEIDER
Name Suffix::
City of Residence:: Rehovot
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: Kovshei HaHermon Street 3/5
City of Mailing Address:: Rehovot
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 76555

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application:: Continuity Type:: Parent Parent Filing

		Application::	Date::
This Application	Appln claiming benefit under 35 USC 119(e)	60/401,349	08/07/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
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Assignment Information

Assignee Name::	ORSENSE LTD
Street of Mailing Address::	2 Prof. Bergman Street
City of Mailing Address::	Rehovot
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	76705